

March 11, 2003

Re: Medical Dispute Resolution
MDR #: M2.03.0486-01
IRO Certificate No.: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesia & Pain Management.

Clinical History:

This 21-year-old male claimant suffered a work-related back injury on _____. His initial diagnosis was lumbar strain and lumbar radiculitis, with his chief complaint being lumbar back pain and left leg pain. An MRI on 08/30/02 revealed a central 2.5 mm disc bulge at L4-5, indenting the sac, and a 2.0 mm central disc bulge at L5-S1. There was no evidence of nerve root compression or foraminal compromise. EMG studies were normal in the lower extremities. The patient has been treated with anti-inflammatories, analgesics, relaxants, and physical and rehabilitative therapy. Physical exam reveals lumbar and paraspinous muscle spasm. The patient complains of pain on flexion, extension, and rotation of the lumbar spine.

Disputed Services:

Outpatient lumbar epidural steroid injections X3.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that three steroid injections are not medically necessary. However, a single non-transforaminal epidural steroid injection is medically necessary to determine the efficacy of further injections.

Rationale for Decision:

On the basis of discogenic and/or facet joint origin, this patient likely has a lumbar pain syndrome. The MRI and EMG studies do not support pain on the basis of disc herniation and nerve root

compression. The discogenic origin could produce lumbar back pain and a radiculitis on an inflammatory basis, and local steroids could produce relief lasting days or weeks.

A single epidural steroid injection could have diagnostic and therapeutic implications. If the patient received significant but transient relief, one or two additional injections might be warranted. If the patient receives no relief, no further epidural steroid injections would be indicated.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO March 11, 2003.

Sincerely,